

<i>SERFF Tracking Number:</i>	<i>MUTM-126253354</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43142</i>
<i>Company Tracking Number:</i>	<i>WANDA HILL</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>2009 UMS - Whole Life Addendum Application C886LNA09A</i>		
<i>Project Name/Number:</i>	<i>2009 UMS - Whole Life Addendum Application/C886LNA09A</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2009 UMS - Whole Life Addendum Application C886LNA09A
 SERFF Tr Num: MUTM-126253354 State: Arkansas

TOI: L07I Individual Life - Whole
 SERFF Status: Closed-Approved-Closed State Tr Num: 43142

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Co Tr Num: WANDA HILL State Status: Approved-Closed

Filing Type: Form
 Reviewer(s): Linda Bird
 Disposition Date: 08/07/2009
 Authors: Wanda Hill, Shelly Kaipust, Kim Meyerring, Stacey Payton, Ellen Cochrane, Kristin Miller
 Date Submitted: 08/06/2009 Disposition Status: Approved-Closed

Implementation Date Requested:
 State Filing Description:
 Implementation Date:

General Information

Project Name: 2009 UMS - Whole Life Addendum Application
 Project Number: C886LNA09A
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 08/07/2009

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 08/07/2009
 Created By: Ellen Cochrane
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Ellen Cochrane
 Filing Description:
 RE: United of Omaha Life Insurance Company
 NAIC No. 261-69868 FEIN 47-0322111
 Individual Life Insurance

SERFF Tracking Number: MUTM-126253354 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 43142
Company Tracking Number: WANDA HILL
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2009 UMS - Whole Life Addendum Application C886LNA09A
Project Name/Number: 2009 UMS - Whole Life Addendum Application/C886LNA09A
Form C886LNA09A Whole Life Insurance Addendum Application

On behalf of United of Omaha Life Insurance Company, I am submitting the above-captioned form in final printed format for review and approval. The application is new and not intended to replace any previously approved forms.

Form C886LNA09A is a whole life insurance addendum application designed for use with application form UA5916-03 and policy form C501LAR08P. Your Department on May 28, 2008 previously approved forms UA5916-03 and C501LAR08P.

Form C886LNA09A is only available for insureds that previously purchased a Medicare Supplement policy using application UA5916-03. If after issue of the Medicare Supplement policy, the insured decides that they would like to purchase a whole life insurance plan, they will use addendum application C886LNA09A, which will attach to and become a part of application UA5916-03.

Our Direct to Consumers Channel and our career agents will offer this product through our lead generation program. The available face amounts are \$2,500 to \$20,000.

Please see the attached Memorandum of Variability which identifies the sections of the application that are variable and explains the reason for the variability

These forms are not for use in Nebraska, our state of domicile. Therefore, they have not been filed for approval with the Nebraska Department of Insurance.

The required filing materials and supporting actuarial memoranda are enclosed. Thank you for your consideration of this submission. If you have any questions or concerns, please don't hesitate to contact me.

Sincerely,

Wanda Hill
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-3440 (Collect)
Fax: 402-351-5298
E-mail: wanda.hill@mutualofomaha.com

SERFF Tracking Number: MUTM-126253354 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 43142

Company Tracking Number: WANDA HILL

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 2009 UMS - Whole Life Addendum Application C886LNA09A

Project Name/Number: 2009 UMS - Whole Life Addendum Application/C886LNA09A

Company and Contact

Filing Contact Information

Wanda Hill, Senior Policy Drafting and Regulatory Specialist
 Regulatory Affairs
 Mutual of Omaha Plaza
 Omaha, NE 68175

wanda.hill@mutualofomaha.com
 402-351-3440 [Phone]
 402-351-5298 [FAX]

Filing Company Information

United of Omaha Life Insurance Company
 Mutual of Omaha Plaza
 Omaha, NE 68175
 (402) 351-6420 ext. [Phone]

CoCode: 69868
 Group Code: 261
 Group Name:
 FEIN Number: 47-0322111

State of Domicile: Nebraska
 Company Type: Life Insurance
 State ID Number:

Filing Fees

Fee Required? Yes

Fee Amount: \$20.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$20.00	08/06/2009	29667806

SERFF Tracking Number:	MUTM-126253354	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	43142
Company Tracking Number:	WANDA HILL		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	2009 UMS - Whole Life Addendum Application C886LNA09A		
Project Name/Number:	2009 UMS - Whole Life Addendum Application/C886LNA09A		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/07/2009	08/07/2009

<i>SERFF Tracking Number:</i>	<i>MUTM-126253354</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43142</i>
<i>Company Tracking Number:</i>	<i>WANDA HILL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>2009 UMS - Whole Life Addendum Application C886LNA09A</i>		
<i>Project Name/Number:</i>	<i>2009 UMS - Whole Life Addendum Application/C886LNA09A</i>		

Disposition

Disposition Date: 08/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-126253354</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43142</i>
<i>Company Tracking Number:</i>	<i>WANDA HILL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>2009 UMS - Whole Life Addendum Application C886LNA09A</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Memorandum of Variability		Yes
Supporting Document	Credit Card Certification		Yes
Supporting Document	Fee Schedule Certification		Yes
Form	Whole Life Insurance Addendum Application		Yes

SERFF Tracking Number: MUTM-126253354 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 43142

Company Tracking Number: WANDA HILL

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 2009 UMS - Whole Life Addendum Application C886LNA09A

Project Name/Number: 2009 UMS - Whole Life Addendum Application/C886LNA09A

Form Schedule

Lead Form Number: C886LNA09A

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	C886LNA09A	Application/Whole Life Insurance Initial Enrollment Form	Addendum Application				C886LNA09A Addendum Application.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

LIMITED TIME ONLY

Respond by:

1 [DATE]



Mutual of Omaha

Whole Life Insurance Offer

2 [Addendum] Application for Life Insurance

Name: 3 [Jonathan A. Smith]

CONGRATULATIONS! Based on your recent approved application for a United of Omaha Medicare Supplement policy, you have the opportunity to receive Whole Life insurance coverage in the amount of \$5,000, \$10,000 or \$20,000 with no additional health questions or medical exam! See below for your potential mode premium[s].

☐ I accept United of Omaha's limited time offer to purchase the below life insurance amount/policy.

(Please complete, sign and date below)

4A [Please check the amount of whole life insurance desired:]

	Benefit Amount	5 [Mode] Premium
<input type="checkbox"/>	\$5,000	\$[000.00]
<input type="checkbox"/>	4 \$10,000	6 \$[000.00]
<input type="checkbox"/>	\$20,000	\$[000.00]

I choose the following person as my designated beneficiary:

Beneficiary (Last, First, M. I.)	Relationship to Insured	Beneficiary's Social Security Number

7 Will this insurance replace, discontinue or change any existing life insurance or annuity contract? ☐ Yes ☐ No
If "Yes," coverage is not available with this application. Please contact your agent to complete the appropriate application.

List below if you have had or intend to have, any life insurance policies and/or annuity contracts replaced, converted, reduced, reissued, sold, subjected to borrowing, or otherwise discontinued because of this application.

The Producer shall comply with any additional state and/or company replacement requirements.

8 Company	Applicant	Policy or Contract Number	Face Amount	Pending?	ADB Amount	1035 Exchange?	To Be Replaced or Converted?	Assigned or Sold?
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

BILLING: ☐ I understand the initial and renewal premiums for this coverage will be [automatically] [billed] [deducted] [withdrawn] [paid] [to] [through] [from] my [or my] [spouse's] [credit card] [checking] [savings] [account] [monthly] [quarterly] [semiannually] [annually] [as with my present [underwriting company] coverage]. ☐ I have enclosed [a check] [or money order] [to pay] [payment for] the [mode] premium shown above.

I wish to apply for a life insurance policy as shown above based on my United of Omaha Life Insurance Company (United of Omaha) Application for Medicare Supplement. I represent that my answers and statements on this application are true and complete to the best of my knowledge and belief. This [addendum] application, along with my application for Medicare Supplement, will be attached and become part of my life insurance policy. The life insurance policy will not take effect until it is issued by United of Omaha and all of the following requirements are met: (a) the policy is delivered to and accepted by the policy owner; (b) the first full premium has been paid according to the mode of payment specified in the application; (c) the Proposed Insured is still alive; and (d) there has been no change in the Proposed Insured's health or habits, or the answers to any of the questions in the Medicare Supplement application, from the date the application was approved by United of Omaha's Underwriting Department to the date the life policy is delivered and accepted by the policy owner(s).

Signed at: _____
City State

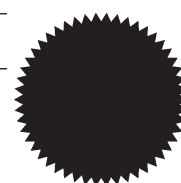
Signature of Applicant Date

Producer Statement In addition to the above Agreement, has the Proposed Insured informed you, the Producer(s), that he/she has one or more existing life insurance policies and/or annuity contracts in force? ☐ Yes ☐ No

10 (Signature of Licensed Producer) (Signature of Licensed Producer)

PRODUCER STAMP

PRODUCER STAMP



11 Medicare Supplement Policy Number [Number]

C886LNA09A

UNITED OF OMAHA LIFE INSURANCE COMPANY • P.O. Box 3608 • Omaha, Nebraska 68103-3608

SERFF Tracking Number: MUTM-126253354 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 43142

Company Tracking Number: WANDA HILL

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 2009 UMS - Whole Life Addendum Application C886LNA09A

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR Read Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
The Application is attached under the Form Schedule Tab.		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not required for this type of filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Memorandum of Variability		
Comments:		
Attachment:		
Memo of Variability for Application.pdf		

	Item Status:	Status Date:
Satisfied - Item: Credit Card Certification		
Comments:		
Attachment:		

SERFF Tracking Number: *MUTM-126253354* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *43142*
Company Tracking Number: *WANDA HILL*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single Life*
Product Name: *2009 UMS - Whole Life Addendum Application C886LNA09A*
Project Name/Number: *2009 UMS - Whole Life Addendum Application/C886LNA09A*

AR Credit Card Cert.pdf

	Item Status:	Status Date:
Satisfied - Item:	Fee Schedule Certification	
Comments:		
Attachment:		
AR Fee Schedule Cert .pdf		

CERTIFICATION

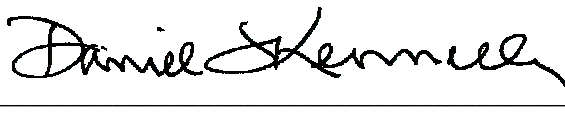
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

	<u>Form</u>	<u>Description</u>	<u>Score</u>
	C886LNA09A	Whole Life Insurance Addendum Application	49.8*

* When scored with the policy and base application.

United of Omaha Life Insurance Company

Date: August 6, 2009



Daniel J. Kennelly
Vice President & Chief Compliance Officer

**Memorandum of Variability
Explanation of Variable Statements and Fields
For United of Omaha Life Insurance Company
Application Form C886LNA09A**

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in **RED**. The explanations below follow the order in which the variable fields appear in the form.

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
1. [Limited Time Only: ... etc]	Will vary depending on current date
2. Addendum]	Will print for producer-sold business only
3. [Jonathan A. Smith]	Will vary depending on name of client
4. [\$5,000,] [\$10,000] [or] [\$20,000] 4A. [Please check the amount of whole life insurance desired:]	The benefit amounts listed and the benefit amount options may change depending on distribution and marketing criteria: Benefit amount range: \$2,500 - \$20,000 Will not print if only one benefit amount is offered
5. [Mode]	Will vary depending on client's billing mode Billing modes: BSP Monthly; Quarterly; Semiannual; Annual
6. [\$000.00] [\$000.00] [\$000.00]	Will vary depending on benefit amount options and mode of payment
7. Will this insurance replace, discontinue or change any existing life insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," coverage is not available with this application. Please contact your agent to complete the appropriate application.	Will print for direct to consumer business only

<p>8. List below if you have had or intend to have, any life insurance policies and/or annuity contracts replaced, converted, reduced, reissued, sold, subjected to borrowing, or otherwise discontinued because of this application. The Producer shall comply with any additional state and/or company replacement requirements.</p>	<p>Will print for producer-sold business only</p>
<p>9. BILLING: <input type="checkbox"/> I understand the initial and renewal premiums for this coverage will be [automatically] [billed] [deducted] [withdrawn] [paid] [to] [through] [from] my [or my] [spouse's] [credit card] [checking] [savings] [account] [monthly] [quarterly] [semiannually] [annually] [as with my present [underwriting company] coverage]]. <input type="checkbox"/> I have enclosed [a check] [or money order] [to pay] [payment for] the [mode] premium shown above.]</p>	<p>A combination will print depending on payment method and marketing layout</p>
<p>10. PRODUCER STATEMENT In addition to the above Agreement, has Proposed Insured informed you, the Producer(s), that he/she has one or more existing life insurance policies and/or annuity contracts in force..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Will print for producer-sold business only</p>
<p>11. [Number]</p>	<p>Will vary depending on client-assigned Medicare Supplement Policy Number</p>

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

Einar L. Rong
SIGNATURE

August 6, 2009
DATE

United of Omaha Life Insurance Company
COMPANY

CC-1

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Wanda Hill

402-351-3440

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* _____ X \$50 = \$ _____

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* 1 X \$20 = 20.00

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**